



SACS

SOUTHWEST ALLEN COUNTY SCHOOLS

RELEASE OF
CONFIDENTIAL INFORMATION

Student Name:

Date of Birth:

Parents Name:

Address:

I request and authorize:

School:

Contact person:

(check appropriate box):

to release information to

to mutually exchange information with

obtain information from

consult with

Organization/Individual:

(Hospital, Clinic, Physician, Institution, Association or School)

Address/Phone Number:

The specific information to be released/exchanged is indicated by v:

<input type="checkbox"/>	Release all information
<input type="checkbox"/>	Standardized achievement and aptitude test scores
<input type="checkbox"/>	Teacher ratings/observations
<input type="checkbox"/>	Individualized Education Plan
<input type="checkbox"/>	Psychological reports
<input type="checkbox"/>	Medical reports
<input type="checkbox"/>	Psychiatric reports
<input type="checkbox"/>	Diagnostic impressions/prognosis
<input type="checkbox"/>	Social/developmental history
<input type="checkbox"/>	Other (specify):

Parent/guardian/18 years or older

Date

Phone

This consent form is considered in effect through the current _____ school year unless otherwise revoked in writing by authorized person.

Preparing today's learners for tomorrow's opportunities.

Rachael Harshman ♦ Director of Student Services
4824 Homestead Road ♦ Fort Wayne, Indiana 46814 ♦ (260) 431-2021 ♦ RHarshman@sacs.k12.in.us